



## NEAR MISS / HAZARD OBSERVATION SHORT FORM

Employee Involved: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
(Optional) (Optional)

Person reporting Incident: \_\_\_\_\_ Dept /Division: \_\_\_\_\_  
(Optional)

Date of Observation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time of Observation: \_\_\_\_ : \_\_\_\_ am  pm  Employment Status:  
Date reported: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time reported: \_\_\_\_ : \_\_\_\_ am  pm   Full Time  
 Part Time  Seasonal

Location: \_\_\_\_\_

Witness(es) or knowledge of (if applicable): \_\_\_\_\_

### TYPE OF NEAR INCIDENT, HAZARD, or CONDITION (Please check all that apply):

- Ladder Usage/Misusage
- Moving Equipment: Please describe type of equipment (forklift, desk, boxes etc.): \_\_\_\_\_
- Stationary Equipment: Please describe type of equipment (scrubber, office shelving, etc.): \_\_\_\_\_
- Tool Usage: Please describe type of tool (including hand truck): \_\_\_\_\_
- Other: \_\_\_\_\_
- Automobile Near Miss - – City Driver Responsible
- Automobile Near Miss - – Other Driver Responsible
- Automobile Near Miss - – Responsibility Unknown

Please briefly describe near miss or hazard with sufficient detail so that someone outside your workgroup can understand what happened (please include pictures or drawings to illustrate what happened, if applicable).

Recommendation:

Photos or Diagram Attached

**DISTRIBUTION:**  
**Submit to a Supervisor**  
**OR**

**SUPERVISOR'S INJURY / ILLNESS / EXPOSURE / CRASH / NEAR MISS REPORT**

**Interoffice Mail to Risk Management**